

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 267-3816  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
Website: <http://www.drl.state.wi.us>

## DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

### APPLICATION FOR AUCTIONEER REGISTRATION

Only an individual may register as an auctioneer. A registered auctioneer may operate an auction company as a sole proprietor without a separate auction company registration.

A corporation, association or partnership which operates an auction company must file Form #2076, Application for Auction Company Registration, and be registered as an auction company.

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

**PLEASE TYPE OR PRINT IN INK**

☐ Your name and address are available to the public.

☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

### SECTION A: TO BE COMPLETED BY APPLICANT

|           |            |    |                         |
|-----------|------------|----|-------------------------|
| Last Name | First Name | MI | Former / Maiden Name(s) |
|-----------|------------|----|-------------------------|

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

|                               |                          |
|-------------------------------|--------------------------|
| Date of Birth                 | Daytime Telephone Number |
| ____ month ____ day ____ year | ( ____ ) ____ - ____     |

Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

Have you ever held a license/credential in the state of Wisconsin? \_\_\_\_ Yes \_\_\_\_ No (please indicate)  
If yes, provide your Wisconsin license/credential number. \_\_\_\_\_

If you are a sole proprietor operating your own business and will use any name other than your personal name in advertising, enter that business name:

### For Receipting Use Only

**APPLICATION FEE:** Make check payable to Department of Regulation and Licensing and attach to this application.

- ☐ \$ 10.00 Temporary registration (has not passed pre-license examination)  
☐ \$ 53.00 Initial credential fee  
☐ \$ 174.00 Reciprocal credential fee  
☐ \$ 199.00 Reinstatement fee

| For Office Use Only      |                          |     |
|--------------------------|--------------------------|-----|
| Reg. #:                  | Date Granted:            |     |
| #13                      | #16                      | #44 |
| Date:                    |                          |     |
| NA: ST:                  |                          |     |
| Statute & Rule Book Sent | <input type="checkbox"/> |     |
| Exam Brochure Sent       | <input type="checkbox"/> |     |
| Tax Brochure Sent        | <input type="checkbox"/> |     |

# Wisconsin Department of Regulation & Licensing

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**SECTION B: MARK AN X IN THE APPROPRIATE BOX.**

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**STATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX.**

If you answer YES to any questions, give all details on a separate sheet.

- |  | <u>YES</u>               | <u>NO</u>                |
|--|--------------------------|--------------------------|
| A. Have you ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, <b>OR</b> are criminal charges or DWI charges currently pending against you? <u>If YES, complete and attach Form #2252.</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the name of the profession and the agency.</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is disciplinary action pending against you in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Have any suits or claims ever been filed against you as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? <u>If YES, what type of credential?</u>  | <input type="checkbox"/> | <input type="checkbox"/> |

And if in another name, what name? \_\_\_\_\_

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**SECTION C: EXAMINATION OR EXPERIENCE (Mark an X in the appropriate box)**

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- ☐ 1. **I hold a current license as an auctioneer (not as an apprentice auctioneer) in the state(s) of** \_\_\_\_\_ **. Therefore, I request exemption from the examination based on reciprocity. (See instructions at the bottom of page 4.)**
- ☐ 2. **I have passed the Wisconsin licensing examination.**
- ☐ 3. **I have not passed the licensing examination.** I will register for the examination. I understand that if I otherwise qualify for an auctioneer registration, I will be issued a temporary registration which will be valid for **60 days** and may not be renewed. I must pass the examination and obtain a new registration certificate no later than the end of the **60-day period**, in order to continue practicing as an auctioneer after the temporary registration expires.
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# Wisconsin Department of Regulation & Licensing

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**SECTION D: SELLER'S SALES TAX PERMIT**

(Place an X in the box in front of EITHER PARAGRAPH 1, 2, 3, 4, or 5. For information, call the Wisconsin Department of Revenue at (608) 266-2776.)

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☐ 1. I have enclosed with this application a copy of a current Wisconsin Seller's Permit from the Wisconsin Department of Revenue which was issued in my name. My permit number or numbers is/are: \_\_\_\_\_

☐ 2. I have not obtained a Seller's Permit from the Department of Revenue, but I understand the sales tax requirements and have concluded that all of my auctions are exempt occasional sales and I, therefore, am not required to obtain a Seller's Permit.

☐ 3. I act as an auctioneer for more than one auctioneer or auction company; any required sales taxes are collected under the Wisconsin Seller's Permit of such auction companies.

☐ 4. I am exempt from the requirement for a Seller's Permit because I am an employee or independent contractor associated with the following registered auctioneer or auction company who or which is confirming this fact with the following authorized signature:

Name of Employing Auctioneer or  
Auction Company: \_\_\_\_\_

Registration Number of Employer: \_\_\_\_\_

Signature of Employer (or Employer's  
Designee): \_\_\_\_\_

Printed or Typed Name of Person  
Signing Above: \_\_\_\_\_

Date Employer Signed Above: \_\_\_\_\_

☐ 5. I am an officer of a corporation, partner of a partnership or director of an association which is registering or is registered as an auction company. The name of the auction company is:

\_\_\_\_\_

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# Wisconsin Department of Regulation & Licensing

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## APPLICANT MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential or other disciplinary action. I also understand that if I am issued a credential, failure to comply with the laws or rules of the Department of Regulation and Licensing will be cause for disciplinary action.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

(Seal)

\_\_\_\_\_  
Date Commission Expires

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*All non-temporary registrations expire and must be renewed by December 31 of even-numbered years. Renewal notices are mailed to registered auctioneers (not temporary registrants) in November of even-numbered years. If this application, for a new registration (not temporary registration), is received by the Department after renewal notices are mailed to current registrants, your registration certificate will expire at the end of the next biennium. Temporary registrations expire 60 days after the date of issuance.*

*You are required by sec. 440.11, Stats., to notify the Department of a name or address change in writing within 30 days after the change. Failure to comply may subject the registration to a \$50.00 fine.*

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## SECTION E: RECIPROCITY

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**NOTE #1.** Section 480.12(1), Stats., requires the State of Wisconsin to register as an auctioneer a qualified individual who holds an auctioneer certificate in another state which has a reciprocal agreement with Wisconsin or which has requirements for obtaining a certificate which are substantially equivalent to the requirements in Wisconsin. If the other state does not have statewide licensing and a licensing examination which is required of all applicants for an auctioneers license or registration, its requirements are **NOT** substantially equivalent to those in Wisconsin.

**NOTE #2.** You must submit with this application a copy of a current license that you hold in the other state. If you are licensed or registered in more than one state which you believe has requirements equivalent to Wisconsin's, it may be convenient for you to send a copy of the license issued by your state of residence. **Remit a \$174.00 reciprocal credential fee.**

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# Wisconsin Department of Regulation & Licensing

**SOCIAL SECURITY NUMBER.** Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.<sup>1</sup> A form for submitting a statement that you do not have a social security number is available from the department.

**(Please Print)**

\_\_\_\_\_  
First Name                      Middle Initial                      Last Name

\_\_\_\_\_  
Profession

Date of Birth      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
                                 month                      day                      year

-  -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,<sup>2</sup> to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,<sup>3</sup> and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.<sup>4</sup>

<sup>1</sup> Section 440.03 (11m), Wis. Stats.

<sup>2</sup> Sections 49.22, and 440.13, Wis. Stats.

<sup>3</sup> Section 440.12, Wis. Stats.

<sup>4</sup> Health Insurance Portability and Accountability Act (HIPAA) of 1996

# Wisconsin Department of Regulation & Licensing

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Website: <http://www.drl.state.wi.us>

## CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: \_\_\_\_\_

|           |            |    |                         |
|-----------|------------|----|-------------------------|
| Last Name | First Name | MI | Former / Maiden Name(s) |
|-----------|------------|----|-------------------------|

Your Street Address (number, street, city, state, zip) \_\_\_\_\_

Mail To Address (if different) \_\_\_\_\_

|                                   |  |
|-----------------------------------|--|
| Date of Birth                     | Social Security Number   |
| _____<br>month      day      year | _____<br>Information helps us identify your record, but is voluntary. It is not available to the public. |

Ethnic/gender information is required to check criminal information records. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

1. List all other names used: \_\_\_\_\_
2. List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

**It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.**

| <u>OFFENSE</u> | <u>DATE</u> | <u>CITY/STATE</u> |
|----------------|-------------|-------------------|
|                |             |                   |
|                |             |                   |
|                |             |                   |

Attach additional sheet(s) if necessary.

# Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? YES NO MO/YR COMPLETED  
☐ ☐ \_\_\_\_\_  
Did you successfully complete the program? ☐ ☐ \_\_\_\_\_  
Please attach the certificate of completion/discharge summary.

- (Check all that apply)
4. Have you ever been sentenced to: YES NO MO/YR COMPLETED  
☐ Probation ☐ ☐ \_\_\_\_\_  
☐ Parole ☐ ☐ \_\_\_\_\_  
☐ Ordered to pay restitution ☐ ☐ \_\_\_\_\_  
Did you successfully complete one of the above as ordered by the court? ☐ ☐ \_\_\_\_\_

**If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.**

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **pending**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

| <u>PENDING CHARGE</u> | <u>DATE OF ARREST</u> | <u>LOCATION OF ARREST (city/state)</u> |
|-----------------------|-----------------------|--|
|-----------------------|-----------------------|--|

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

|  |
|--|
|  |
|  |
|  |
|  |

## AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

\_\_\_\_\_  
Signature

State of \_\_\_\_\_ County of \_\_\_\_\_

Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ by \_\_\_\_\_  
(applicant's name)

\_\_\_\_\_  
Signature of Notary Public

My commission (is permanent) \_\_\_\_\_ expires \_\_\_\_\_.

**SEAL**

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## NOTICES

### **TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS**

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.<sup>a</sup> An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

### **PROCEDURES ON APPLICATION DENIAL**

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

### **MAILING ADDRESS AND CHANGE OF ADDRESS**

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

### **PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY**

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

### **AMERICANS WITH DISABILITIES ACT**

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

**Communications and examinations:** Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

**Complaints:** Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 4/03) ss. 15.04 (1) (m), 19.35, Stats.

<sup>a</sup> Section RL 4.06 of the Wisconsin Administrative Code



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Website: <http://www.drl.state.wi.us>

## APPLICATION PACKET ADDENDUM (INTERNET)

### AUCTIONEER

For the application packet that you have just downloaded, there are additional publications available for your use.

Please complete this form and fax it to the number listed above if you would like a copy of the publications sent to you. Once the form is returned we will mail the additional items to the address you have provided. If you prefer, you can mail this form directly to the Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708.

Please indicate on this form if you would like the publication "Auctioneers – How do Wisconsin Sales and Use Taxes Affect Your Operation?" sent to you. ☐ Yes ☐ No

Please indicate on this form if you would like the publication "Questions and Answers Relating to the Regulation of Auctioneers and Auction Companies in Wisconsin" sent to you. ☐ Yes ☐ No

Please indicate on this form if you would like the publication "Advertising Requirements for Wisconsin Auctioneers and Auction Companies" sent to you. ☐ Yes ☐ No

#### Wisconsin Statutes and Administrative Code

For your information, you may access the Wisconsin Statutes and Administrative Code on the department's web site at [www.drl.state.wi.us](http://www.drl.state.wi.us). If you do not have internet access, you may obtain this information through the public library.

If you would prefer to have a printed copy of this code book, you may purchase one directly from the department. Please submit this form along with a check in the amount of \$5.28 made payable to the Department of Regulation and Licensing (DRL) to the address listed above.

#### PLEASE PRINT OR TYPE

Full Name

Daytime Phone Number

Street Address

P.O. Box

City, State, Zip

Thank you.

#2636 (9/03)

**For Receipting Use Only**

**Committed to Equal Opportunity in Employment and Licensing**